



TORRANCE MEMORIAL

A CEDARS-SINAI AFFILIATE

Manual/Depart: Administration

Policy/Procedure Name: Financial Assistance
Policy – Admin – TMMC

Effective Date: January 1, 2024

IMPORTANT NOTICE:

The official version of this document is contained in the ConvergePoint system and may have been revised since the document was printed.

****For Policy History please refer to the ConvergePoint system****

I. Purpose

- a. Torrance Memorial Medical Center (“TMMC”) is committed to meeting the health care needs of all patients in the community and based on the following principles:
 - i. Treating all people equitably, with dignity, respect and compassion;
 - ii. Serving the emergency health care needs of all, regardless of a patient’s ability to pay; and
 - iii. Assisting patients who cannot pay for part or all of the care they receive.
- b. This Policy demonstrates TMMC’s commitment to our mission, vision, and principles by helping to meet the needs of the low-income uninsured patients and the underinsured patients in our community. As part of fulfilling this commitment, TMMC provides medically necessary services, without cost or at a reduced cost, to patients who qualify under this Policy.
- c. This Policy provides guidelines for identifying patients who may qualify for financial assistance and establishes the financial screening criteria to determine which patients qualify for financial assistance.

II. Policy

- a. **Definitions.** Capitalized terms used in this Policy are defined in the “Definitions” section at the end of this Policy or when first used.
- b. **Covered Under this Policy.** Only services provided by TMMC will be covered by this Policy. The Policy is also applicable to physicians who are contracted with TMMC and are required to participate in the application of this Policy as a condition of their contractual relationship with TMMC (see Attachment D for a complete list of TMMC providers and those who participate in this Policy).
- c. **Facilities, Physicians and Other Providers Not Covered by this Policy May Have Separate Financial Assistance Policies.** Community members of TMMC’s Medical Staff may also make financial assistance available to their patients. TMMC makes available a list of information it has regarding these physicians indicating whether specific physicians (or their medical group) will: (i) provide equivalent discounts from the physician’s professional fees to low-income uninsured patients as TMMC provides, based on the criteria set forth in the Policy; (ii) accept TMMC’s determination of a patient’s eligibility for financial assistance; and (iii) comply with all applicable federal, state and local laws, regulations, ordinances and orders with respect to the collection of consumer debt

accounts (see Attachment D). TMMC will not be responsible for such physicians' administration of financial assistance programs or their billing practices.

d. Help Paying Your Bill - Eligibility Criteria

- i. **Financial Assistance.** Full financial assistance will be made available to patients whose family income and assets are at or below Two Hundred Percent (200%) of the current year's FPL. Patients whose income ranges between Two Hundred One Percent (201%) and Four Hundred Fifty Percent (450%) of the FPL also qualify for discounted care. Even though assets are included in the financial assistance application ("Application"), they will not be considered in determining eligibility for discounts. Attachment B describes the financial assistance discounts available from TMMC.
- ii. **Pre-Service Patients (Elective/Non-Emergent Care).** Patients scheduled as elective inpatients or scheduled as non-emergent outpatients require prior approval for financial assistance by the Director, Revenue Cycle or their designee. Only medically necessary procedures are eligible for approval. Financial assistance for elective procedures and for follow-up care following discharge is limited to patients who live in TMMC's service area or as otherwise approved by the Director, Revenue Cycle. TMMC retains the right to prospectively not grant financial assistance in connection with a patient's proposed non-emergency and other non-medically necessary care based on the need of TMMC to judiciously allocate its financial and clinical resources.
- iii. **Additional Financial Resources and Required Patient Cooperation.** Patients approved for assistance under this Policy agree to continuously cooperate in the process needed to obtain reimbursement for TMMC's services from third-party sources such as the California Victims of Crime funds, the County Trauma Program, the Medi-Cal program, and health plans that offer coverage through the California Health Benefit Exchange (the "Exchange"). A patient's application for third-party coverage for the patient's health care costs shall not preclude eligibility for assistance under this Policy. A patient shall, as a condition of financial assistance, apply for coverage under Medi-Cal, Healthy Families, and the County Trauma Program as applicable and, where appropriate, coverage under the Exchange. The foregoing shall also apply to patients residing out of state and their application for Medicaid within their state.

TMMC will make appropriate referrals to local county agencies including Healthy Families, Covered California, Medi-Cal or other programs to determine potential eligibility.

TMMC shall be entitled to bill any third-party insurer providing coverage to a patient, including any source of third-party liability. Health insurers and health plans are prohibited from reducing their reimbursement of a claim to TMMC even if TMMC has waived all or a portion of a patient's bill pursuant to this Policy.

- iv. **Self-Pay Patients.** TMMC has made an assumption based on its historical experience and the current insurance environment that patients who lack insurance are not able to afford insurance. TMMC presumes that these patients are eligible for financial assistance programs and will make the following assistance available to all such patients unless the patient makes other arrangements for services provided by TMMC. The discounted amount, not billed to the patient, is uncompensated care that will be reported by TMMC consistent with guidelines in the Centers for Medicare & Medicaid Services' Provider Reimbursement Manual, chapter 15-2, section 4012.
 - 1. Self-Pay patients will automatically be billed at a discounted amount for TMMC. The rate will be total charges multiplied by the discounted amount for applicable inpatient, outpatient and emergency services.
 - 2. Self-Pay patients are eligible for these discounts without submitting an Application. This financial assistance does not extend to elective procedures unless a specific agreement is made between TMMC and the patient.

- v. **Medically Indigent Patients (Not Otherwise Eligible for a Discount).** Patients who are Medically Indigent but who are not otherwise eligible for financial assistance under this Policy may still request financial assistance in accordance with the process set forth in this Policy. The request for financial assistance due to Medical Indigency must be approved by the Director, Revenue Cycle, or their designee, in their discretion.

- e. **Financial Assistance Administration.** TMMC utilizes a single, unified patient Application for financial assistance. The process is designed to give each applicant an opportunity to receive the maximum financial assistance benefit for which they may qualify. Any patient who requests financial assistance will be asked to complete an Application.
 - i. **How to Apply.** The Application process can be initiated by the patient or any staff member of TMMC. Applications are available:
 - 1. On TMMC's website at www.torrancememorial.org/patients-visitors/billing-insurance/help-paying-your-bill/
 - 2. In Person - at the Main Admitting Department, Emergency Department or the Business Office
 - 3. By Mail – send your request to the Business Office at 3330 Lomita Boulevard, Torrance, CA 90505
 - 4. By Telephone – call the Business Office at 310-517-1010 between 8:00 am to 4:00 pm on Monday through Friday

 - ii. **Reviewing Application**
 - 1. **Determination.** Eligibility guidelines are calculated using the current FPL as the measure of eligibility.

2. **Determinations by Affiliates and Approved Community Partners.** Patients who have recently had financial assistance applications approved by certain affiliates or community partners of TMMC may be approved on an expedited basis by TMMC at TMMC's discretion. TMMC will advise patients applying for financial assistance if such expedited approval is available.
 3. **Assets.** The consideration of assets in determining eligibility is limited to the definition in this Policy.
 4. **Income** for partial periods shall be included in worksheets using annualized data.
 5. **Deductions.** Other financial obligations including living expenses and other items of reasonable and necessary nature will be considered.
 6. **Patient Maximum Out-of-Pocket Expense.** Any payment from a patient for services covered by this Policy shall be limited to no greater than the AGB.
 7. **Reevaluation.** Eligibility may be reevaluated by TMMC if any of the following occur:
 - a. Patient income change.
 - b. Patient family size change.
 - c. A determination is made that any part of the financial assistance Application is false or misleading, in which case the initial financial assistance may be retroactively denied.
- iii. **Submitting Required Documentation.** TMMC requests various documents from patients applying for financial assistance in order to substantiate their eligibility. The documents may include, but are not limited to, the following:
1. Completed Application.
 2. Income documents may include:
 - a. Current period payroll check stub,
 - b. Prior year's tax return, or
 - c. Written explanation.
 3. Asset documents may include:
 - a. Copies of prior month's bank statement (all pages),
 - b. Money Market account statements,
 - c. Stocks,
 - d. Bonds,

- e. Certificate of Deposits,
- f. Brokerage accounts (excludes documents pertaining to retirement plans, deferred compensation plans (both qualified and nonqualified under the IRS code)), and
- g. Unemployment, Social Security benefits, or Disability benefits stub.

iv. **Submitting Completed Application.**

If a patient submits a completed Application during the Application Period, then TMMC shall:

1. Immediately take all reasonably available measures to suspend or reverse any ECAs taken against the patient to obtain payment for the care. Such reasonably available measures generally include, but are not limited to, advising collection agencies to cease collection activities, measures to vacate any judgment against the patient, lift any levy or lien on the patient's property, and remove from the patient's credit report any adverse information that was reported to a consumer reporting agency or credit bureau.
2. Make a determination on eligibility or identify if Application is incomplete or requires additional information, within a reasonable time.
3. Promptly notify the patient in writing of the eligibility determination, including, if applicable, the assistance for which the patient is eligible and the basis for the determination.
4. If the patient is eligible for financial assistance, then TMMC shall notify the patient in writing of eligibility, available assistance, the basis for determination and the service dates covered.
 - a. If there is no patient responsibility, then no further steps are required other than refunding amounts paid as provided in the "Refunds" section of this Policy. If there is a remaining balance, then TMMC shall also notify the patient in writing, the amount the patient owes for care and describe how the patient can get additional account information.
 - b. Once a patient is approved for financial assistance, the patient will not be charged more for emergency or other medically necessary care than the AGB.
 - c. Approvals of eligibility may only be made by individuals specifically authorized by TMMC. These individuals are currently the Director of Revenue Cycle, Chief Financial Officer or President/CEO or their designees based on TMMC's levels of authority.

- v. **Determination Letter.** After a patient submits a complete application and submits the required documentation, TMMC will send a letter to indicate the determination of approval or ineligibility for financial assistance. The letters will include the

following:

1. A clear statement of the determination for patient's eligibility for financial assistance.
 2. If the patient was ineligible for financial assistance, then a clear statement explaining why the patient was denied.
 3. If the patient was ineligible due to a service that was not medically necessary, then the attending physician of the service will have attested to this prior to the denial.
 4. If the patient was approved for partial financial assistance, then a clear explanation of the reduced bill and instruction on how the patient may obtain additional information regarding a reasonable payment plan, if applicable.
 5. Contact information for TMMC, including department, contact name and where the patient may appeal the decision.
 6. Information on the Department of Health Care Access and Information's ("HCAI") Hospital Bill Complaint Program.
 7. Information on the Health Consumer Alliance.
- vi. **Patients with Limited Information for Application.** The absence of patient financial data available to TMMC does not preclude eligibility for financial assistance. In evaluating all factors pertaining to a patient's clinical, personal, and demographic situation, and alternative documentation (including information that may be provided by other charitable organizations), TMMC may determine a patient is eligible for financial assistance by making reasonable assumptions regarding the patient's income.
- vii. **Incomplete Application.** If a patient submits an incomplete Application, then TMMC shall promptly provide the patient with a written notice that describes the additional information and/or documentation required for the Application and include contact information for Application processing. If the patient subsequently completes the Application with required information during the Application Period (or such longer period of time as elected by TMMC), then the Application will be considered complete.
- viii. **Incomplete Application Completed.** If a patient who has submitted an incomplete Application during the Application Period subsequently completes the Application, within a reasonable timeframe given to respond to requests for additional information and/or documentation, then the patient will be considered to have submitted a completed Application, and TMMC will have made reasonable efforts to determine whether the patient is eligible only if it takes the other steps required by this Policy with regard to completed Applications.
- ix. **Anti-Abuse Rule for Applications with Questionable Information.** TMMC shall not make determinations that a patient is not eligible for financial assistance based

on information it has reason to believe is unreliable or incorrect or on information obtained from the patient under duress or through the use of coercive practices. A coercive practice includes delaying or denying emergency medical care to a patient until the patient has provided information requested to determine whether the patient is eligible for financial assistance for the care being delayed or denied.

- x. **Handling of Incomplete Applications.** TMMC may consider a patient's failure to provide reasonable and necessary documentation in making its financial assistance determinations. However, TMMC will act reasonably and make the best determination it can with the available information.
- xi. **Presumptive Eligibility.** TMMC may determine that the patient is eligible for financial assistance for the current services based on information it has obtained or assessed without looking to the patient to provide all information required by the usual Application process or the fact that the patient has no health insurance. TMMC's determination may include reliance on a prior determination by TMMC, information provided by another provider of the patient, or a general assessment of information available to TMMC's staff, including what staff observe regarding social determinants of health. In such cases, TMMC shall (a) notify the patient of the basis for the presumptive eligibility determination and the manner in which the patient may apply for more generous assistance available under the Policy; (b) give the patient One Hundred Twenty (120) days to apply for more generous assistance; and if the patient submits a complete Application seeking more generous assistance, then determines whether the patient is eligible for a more generous discount and takes the other steps required by this Policy with regard to completed Applications. Self-Pay patients receiving discounts described in this Policy shall receive such notice by means of the Plain Language Summary (see Attachment A) printed on their statements. If a patient's social determinant of health, such as housing status, qualifies the patient for presumptive eligibility, then the patient will be deemed eligible for Full Financial Assistance.
- xii. **Patient Waivers Do Not Relieve TMMC of Obligation to Undertake Reasonable Efforts to Determine Eligibility.** Obtaining a verbal or written waiver from a patient, such as a signed statement that the patient does not wish to apply for assistance under the Policy or receive the information to be provided to patients under this Policy, will not itself constitute a determination that the patient is not eligible and will not satisfy the requirement to make reasonable efforts to determine whether the patient is eligible before engaging in ECAs against the patient.
- xiii. **Payment Plans.** When a patient is determined eligible for financial assistance and a balance remains, then they shall have the option to pay through a scheduled term payment plan. TMMC will discuss plan options with the patient and develop term payment plans that generally last no longer than twelve (12) months and are interest free (see TMMC's Debt Collection Policy for additional details).
- xiv. **Dispute Resolution.** In the event a dispute arises regarding qualification for financial assistance, the patient may submit a written appeal for reconsideration with TMMC. The written appeal should explain the rationale for dispute and include supporting documentation. TMMC's Director, Revenue Cycle will promptly review

the appeal and provide the patient with a written determination. In the event the patient believes a dispute remains after the first appeal, the patient may request in writing, a review by TMMC's Chief Financial Officer, who shall review and provide a final written determination.

xv. **Confidentiality of Application Information.** TMMC shall maintain all information received from patients requesting eligibility under this Policy as confidential information. Information concerning income and Assets obtained as part of the Application and approval process shall be maintained in a file that is separate from information that may be used to collect amounts owed.

xvi. **Time Period for Completion of Application (the "Application Period").** Patients shall be given Two Hundred Forty (240) days to complete an Application. The Application Period begins on the date care that is subject to the Application was first provided (using the commencement of the last course of treatment if multiple dates of service are applicable).

f. Term

i. The initial financial assistance for Financially Qualified Patient's approval is valid for a period of six (6) months from the date the Application was complete. Eligibility may be reassessed, upon patient request, at the end of the initial approval period. At TMMC's election, a new six (6) month approval period may be authorized without a new Application. After twelve (12) months, a new Application must be completed by the patient. Starting with the date the final Application is approved, open, qualified accounts will be written-off to financial assistance based on the level of assistance granted. On a go-forward basis, qualified accounts for the next six (6) months would be eligible for financial assistance write-off.

g. Notices, Written Communications and Statements

- i. TMMC provides the following notices and information regarding financial assistance:
- a. This Policy.
 - b. A Plain Language Summary of the Policy. The Plain Language Summary shall be a clear, concise, and easy to understand document that notifies patients and other individuals that TMMC offers financial assistance under this Policy. The Plain Language Summary shall be drafted in a manner that sets out relevant information including the information required by state and federal laws such as the eligibility requirements and assistance offered under this Policy, a brief summary of how to apply for assistance under this Policy, and information for obtaining additional information and assistance, including copies in other languages (see Attachment A).
 - c. A List of Providers that may make financial assistance available to TMMC's patients (see Attachment D).
 - d. The Application.

- e. TMMC's Debt Collection Policy.
- ii. These materials shall be made available in a variety of ways including:
 - a. **Website.** The Financial Assistance Policy, the Financial Assistance Application, and a Plain Language Summary of the Financial Assistance Policy are located on TMMC's website. Links to such materials shall also be posted on the Website.
 - b. **Email or Paper Copies.** Copies of any of the materials referenced in this Policy may be obtained by making a request to TMMC's Business Office.
 - c. **Posted Signage.** The Plain Language Summary shall be posted in the following locations: the Emergency Department, the Admitting Department, the Billing Department, centralized and decentralized registration areas and other outpatient settings, including observation units.
- iii. **Registration and Billing Notices.** Patients will be provided various information and notices in their registration and billing communications. For example, see TMMC's Debt Collection Policy.
- iv. **Notification to the Community.** TMMC shall take various efforts to widely publicize its Financial Assistance programs, such as distributing information to targeted community organizations or other means of alerting the community to the availability of TMMC's Financial Assistance programs.
- h. **Translations and Interpreter Services.** Patient communications shall comply with the requirements of TMMC. Without limiting the foregoing, notices, formal communications, and signage under this Policy shall be in English and in the additional languages required by state and federal laws. Those additional languages are Chinese, Japanese, Korean, Spanish, Tagalog, and Vietnamese. Additionally, patients may contact TMMC to be connected with interpreter services for communication and translation of Policy-related documents in other foreign languages and American Sign Language ("ASL"). Also, copies of these documents can be provided in large print and audio, upon request to the Business Office.
- i. **Medically Necessity/Clinical Determinations.** The evaluation of the necessity for medical treatment of any patient will be based upon clinical judgment, regardless of insurance or financial status. In cases where an emergency medical condition exists, any evaluation of financial arrangements will occur only after an appropriate medical screening examination has occurred and necessary stabilizing services have been provided in accordance with all applicable state and federal laws.
- j. **Refunds.** TMMC will reimburse patients for amounts they paid in excess of the amount due pursuant to this Policy, including any interest paid, at the rate of ten percent (10%) per annum. If the amount due to the patient is less than \$5.00 (or such other amount set by the Internal Revenue Service), TMMC is not required to reimburse the patient or pay interest. The patient will be given a credit for the applicable amount for at least thirty (30) days from the date the amount is due.

- k. **Collections.** For additional information on collection actions, please see the Debt Collection Policy.
- l. **Reporting.** TMMC will submit this Policy to HCAI every other year on or before January 1 or within thirty (30) days of any update to this Policy. If there are no significant changes since the Policy was previously submitted, then TMMC shall notify HCAI within thirty (30) days prior to January 1 of TMMC’s next biennial reporting date. Significant changes include any change that could affect patient access to eligibility for discounted payment or any other protections outlined by federal and state requirements. Each policy submission to HCAI shall include a statement of certification (see Attachment E) under penalty or perjury, which includes the following: (i) A certification that the submitter is duly authorized to submit the policies; (ii) The submitted policies are true and correct copies of TMMC’s policies.

III. Hospital Bill Complaint Program. Patients that believe they have been wrongly denied financial assistance may file a complaint with the State of California’s Hospital Bill Complaint Program. To learn more information or to file a complaint, go to the HCAI website or HospitalBillComplaintProgram.hcai.ca.gov.

IV. More Help. For patients that need help paying a bill, there are free consumer advocacy organizations that will help patients understand the billing and payment process. Patients may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

V. Approval by Board of Directors and Continuing Review. This Policy and the Debt Collection Policy, and all material changes to the Policy must be approved by TMMC’s Board of Directors. TMMC shall routinely review this Policy together with the Debt Collection Policy, and the status of collection efforts to ensure they are best serving patients and the community. However, administrative changes to the Attachments identified in Section VII of this Policy may be made by management without Board approval so long as the changes do not conflict with this Policy (i.e. language clarifications, changes to reflect operational process that implement the Policy, updates to comply with changes in applicable laws, regulations, or IRS guidance, and updates to reflect the most recent Federal Poverty Guidelines).

VI. Definitions

Term/Concept	Definition
a. Amounts Generally Billed (“AGB”)	means the amounts generally billed for emergency or other medically necessary care to patients who have insurance covering such care, determined in accordance with 26 C.F.R. §1.501(r)-5(b). Additional information on how TMMC calculates AGB and annual updates to AGB percentages shall be set forth on Attachment C to this Policy and will be included in filings made available to the public on the State of California’s Department of Health Care Access and Information website at https://hcai.ca.gov/ .
b. Application	means TMMC’s Application for financial assistance.

c. Assets	mean only "monetary assets." This includes assets that are readily convertible to cash, such as bank accounts and publicly traded stocks. Retirement plans, deferred compensation plans (both qualified and nonqualified under the IRS code) will not be considered. The following are excluded from Assets: the first Ten Thousand Dollars (\$10,000) of a patient's monetary assets and Fifty Percent (50%) of the patient's monetary assets over the first Ten Thousand Dollars (\$10,000).
d. Community Partners	Means supportive relationships with other community agencies, such as Planned Parenthood.
e. Essential Living Expenses	means expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.
f. Extraordinary Collection Actions ("ECAs")	means collection activities that TMMC will not undertake before making reasonable efforts to determine whether a patient is eligible for financial assistance under this Policy. ECAs are specifically described in the Debt Collection Policy.
g. Family	means the following: (1) For persons 18 years of age and older, spouse, domestic partner, and dependent children under 21 years of age, whether living at home or not, (2) For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.
h. Federal Poverty Level ("FPL")	means the measurement used to determine poverty in the United States and is published periodically by the Department of Health and Human Services ("DHHS") on their website, http://www.dhhs.gov/poverty .
i. Financially Qualified Patient	means a patient who has requested financial assistance from TMMC and has completed and submitted an Application. Review of the Application shows that the patient is eligible for financial assistance and the Application is approved in accordance with this Policy or the patient has been determined by TMMC to be presumptively eligible for financial assistance under this Policy.
j. Financial Assistance	means arrangements under this Policy for health care services to be provided at no charge or a reduced charge to the patient. Reduced charges are generally pursuant to a payment plan or an automatic discount for Self-Pay patients.
k. High Medical Costs	means the annual out-of-pocket costs of a patient whose family income exceeds TMMC's thresholds for financial assistance. These costs are considered if they are either: (i) incurred by the patient at TMMC that exceed the lesser of the patient's current family income or family income in the prior twelve (12) months, or (ii) out-of-pocket medical expenses that exceed ten percent (10%) of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior twelve (12) months.

I. Medical Indigency	means a patient who is unable to pay for services due to High Medical Costs care but who does not qualify for financial assistance under this Policy.
m. Medically Necessary	means health care services performed that is necessary and clinically appropriate to evaluate, diagnose, or treat a patient in accordance with generally accepted standards of medical practice and is not primarily for the convenience of the patient or provider.
n. Payment Plan	means an agreement between TMMC and the patient, whereby TMMC has offered, and the patient has accepted, the opportunity to pay off their liability in monthly payments not exceeding 10% of the patient's family income for a month, excluding deductions for essential living expenses.

VII. References. State and federal laws referenced in the development of this Policy include but are not limited to:

- a. U.S. Internal Revenue Code Section 501(r)(3).
- b. California Health & Safety Code Section 127400-127462 (Hospital Fair Pricing Policies and Emergency Physician Fair Pricing Policies).
- c. California Assembly Bill 1020: Health Care Debt and Fair Billing.
- d. California Assembly Bill 532: Fair Billing Policies.
- e. Office of General, Department of Health and Human Services ("OIG") guidance regarding financial assistance to uninsured and underinsured patients, and IRS regulations.
- f. Any implementing regulations and agency guidance regarding any of the foregoing.

VIII. List of Attachments

- a. Financial Assistance Program - Plain Language Summary
- b. Description of Financial Assistance Discounts
- c. Description of Amounts Generally Billed
- d. Physician Providers at TMMC
- e. Statement of Certification

Initial Approvals and Major Revisions

Operations Committee: 10/16/02

Initial Effective Date: 10/16/02

Reviewed/Revised Date(s): 6/04, 3/05, 8/05, 9/05, 12/06, 5/09, 9/14, 12/14, 11/15, 4/17, 7/18, 5/19, 9/22, 4/23, 12/23

Board of Trustee: 12/14, 12/15, 4/17, 8/18, 9/22, 4/23, 12/23

Attachment A

Financial Assistance Program – Plain Language Summary

Torrance Memorial Medical Center (“TMMC”) provides a Financial Assistance Program to our patients who are unable to afford the cost of their medical care. TMMC provides medically necessary services, without cost or at a reduced cost, to patients who qualify for financial assistance under our Financial Assistance Policy (“Policy”). The Policy applies to services provided by TMMC, as well as physicians who are required to participate in the Policy as a condition of their contractual relationship with TMMC (see Attachment D of the Policy for a complete list of those who participate in the Policy).

Help Paying Your Bill

Patients are eligible for financial assistance when their family income is at or below 450% of the Federal Poverty Level (“FPL”) based upon current FPL Guidelines. Eligibility is based on an evaluation of income and expense information, and monetary assets may be considered.

- Full Charity – For patients whose family income is at or less than 200% of the FPL, there is no patient responsibility.
- Partial Charity – For patients whose family income is from 201 – 450% of the FPL, the patient will not be charged more than amounts generally billed (“AGB”) for medically necessary services, which would be no more than what Medicare would typically pay.

For patients that do not qualify for assistance, we also offer a variety of options to assist with their patient responsibility. In addition, there are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

How to Apply

Patients must complete an application, submit verification documents, and meet the eligibility requirements outlined in our Policy. Applications can be submitted in person or by mail to the Business Office.

How to obtain free copies of this Summary, the Policy or the application?

- TMMC’s website – go to www.torrancememorial.org/patients-visitors/billing-insurance/how-to-apply and download
- In Person – go to the Main Admitting Department, Emergency Department, or the Business Office
- By Mail – send your request to the Business Office at the address listed below
- By Telephone – call the Business Office at 310-517-1010 between 8:00 am to 4:00 pm Monday through Friday

Translations on all TMMC financial assistance information are available in Chinese, Japanese, Korean, Spanish, Tagalog, and Vietnamese. and available by any of the means listed above. If you speak another language than those previously listed or if you have a disability and need an accessible alternative format, then please contact the Business Office, and they can offer you an alternative format or connect you with interpreter services. TMMC will provide an audio file and a large print file, and these will be made available on TMMC’s website.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, then you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

Who can help or answer questions?

For assistance or additional information about our Financial Assistance Program or information on governmental assistance programs, such as Medi-Cal or Covered California, please call the Business Office. TMMC's website also provides information about your rights against Surprise Medical Bills and our pricing, including a tool for shoppable services at

<https://www.torrancememorial.org/patients-visitors/billing-insurance/>.

**Torrance Memorial Medical Center
Attn: Business Office
3330 Lomita Boulevard
Torrance, CA 90505**

Attachment A (Continued)

Financial Assistance Tagline Sheet

English: ATTENTION: If you need help in your language, call 310-517-1010 or visit the Business Office, 8:00 am.-4:00 pm., Monday through Friday, at 3330 Lomita Boulevard, Torrance, CA 90505. Aids and services for people with disabilities, like documents in large print or audio are also available. These services are free.

Spanish: ATENCIÓN: Si necesita ayuda en su idioma, llame al 310-517-1010 o visite la Oficina de Negocios, de 8:00 am. a 4:00 pm, de lunes a viernes, en 3330 Lomita Boulevard, Torrance, CA 90505. También hay ayuda y servicios disponibles para personas con discapacidades, como documentos con letra grande o en audio. Estos servicios son gratuitos.

Chinese-Simplified: 注意: 如果您需要以您的语言获得帮助, 请致电 310-517-1010 或造访 Business Office 办公室, 服务时间为周一至周五上午 8:00 至下午 4:00, 地址为 3330 Lomita Boulevard, Torrance, CA 90505。我们还为残障人士提供援助和服务, 例如大字体文件或音频。这些服务均为免费。

Vietnamese: CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 310-517-1010 hoặc đến tại văn phòng Business Office, 8:00 sáng – 4:00 chiều, Thứ Hai đến Thứ Sáu, tại địa chỉ 3330 Lomita Boulevard, Torrance, CA 90505. Các trợ cụ và dịch vụ dành cho người khuyết tật, chẳng hạn như tài liệu ở dạng chữ in khổ lớn hoặc tệp âm thanh cũng có sẵn. Các dịch vụ này được miễn phí.

Tagalog: PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 310-517-1010 o bisitahin ang tanggapan ng Business Office, 8:00 am-4:00 pm, Lunes hanggang Biyernes, sa 3330 Lomita Boulevard, Torrance, CA 90505. Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumentong nakasulat sa malalaking titik o naka-audio. Ang mga serbisyonang ito ay walang bayad.

Korean: 참고 사항: 귀하의 언어로 도움이 필요하시면 월요일부터 금요일 오전 8시00~오후 4시 00분에 전화 310-517-1010 번으로 연락하시거나 Business Office 사무실을 방문해 주십시오. 주소는 3330 Lomita Boulevard, Torrance, CA 90505 입니다. 큰 활자 또는 오디오 문서 등 장애인을 위한 지원 및 서비스도 제공됩니다. 해당 서비스는 무료입니다.

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե օգնության կարիք ունեք ձեր լեզվով, զանգահարեք 310-517-1010 հեռախոսահամարով կամ այցելեք Business Office-ի գրասենյակը, 8:00-ից-16:00, երկուշաբթիից ուրբաթ, այս հասցեով՝ 3330 Lomita Boulevard, Torrance, CA 90505: Հաշմանդամների համար տրամադրելի են նաև օգնություններ և ծառայություններ, օրինակ՝ խոշոր տպատառերով փաստաթղթեր կամ ձայնագրված կյուրթեր: Այս ծառայություններն անվճար են

Farsi: توجه: اگر نیاز به کمک به زبان خود دارید، با 310-517-1010 تماس بگیرید یا در روزهای دوشنبه تا جمعه از ساعت 8 صبح 4:00 عصر به دفتر Business Office به نشانی 3330 Lomita Boulevard, Torrance, CA 90505 مراجعه کنید. کمکی و خدماتی، مانند اسناد با چاپ درشت یا در قالب صوتی، نیز برای افراد دارای معلولیت در دسترس است. این خدمات رایگان هستند.

Russian: ВНИМАНИЕ: если вам нужна помощь на русском языке, позвоните по номеру 310-517-1010 или посетите отдел помощи пациентам по финансовым вопросам (Business Office) по адресу 3330 Lomita Boulevard, Torrance, CA 90505. График работы отдела: с понедельника по пятницу с

08:00 до 16:00. Лицам с ограниченными возможностями бесплатно предоставляются вспомогательные средства и услуги, например документы, напечатанные крупным шрифтом, или в аудиоформате.

Japanese: 注意事項：言語サポートが必要な場合は、310-517-1010 までお電話いただくか、Business Office 事務所 (3330 Lomita Boulevard, Torrance, CA 90505) までお越しください。月曜日から金曜日の午前 8 時00分から午後 4 時 30 分までです。大きな活字の文書や音声など、障害のある人向けの支援やサービスもご利用いただけます。これらのサービスは無料です。

Arabic: تنبيه: إذا كنت بحاجة إلى مساعدة بلغتك، يرجى الاتصال بالرقم 310-517-1010 أو تفضل بزيارة مكتب المحامي المالي للمرضى (Business Office)، من الساعة 8:00 صباحًا حتى 4:00 مساءً، من الاثنين إلى الجمعة، في العنوان التالي: 3330 Lomita Boulevard, Torrance, CA 90505. تتوفر أيضًا مساعدات وخدمات لذوي الإعاقة، مثل المستندات المطبوعة بحروف كبيرة أو الملفات الصوتية. هذه الخدمات مجانية.

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 310-517-1010 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ 3330 Lomita Boulevard, Torrance, CA 90505 ਵਿਖੇ Business Office ਦਫ਼ਤਰ ਵਿੱਚ, ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 4:00 ਵਜੇ, ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਜਾਓ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਜਾਂ ਆਡੀਓ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Mon-Khmer Cambodian: យកចិត្តទុកដាក់: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នកសូមហៅទូរសព្ទទៅលេខ 310-517-1010 ឬទៅការិយាល័យទីប្រឹក្សាអ្នកជំងឺ និងគ្រួសារ (Business Office) ចាប់ពីម៉ោង 8:00 ព្រឹកដល់ម៉ោង 4:00 ល្ងាចរៀបរយ ពីថ្ងៃចន្ទដល់ថ្ងៃសុក្រនៅ 3330 Lomita Boulevard, Torrance, CA 90505 ។ ក៏មាន ជំនួយ និងសេវាកម្មសម្រាប់អ្នកដែលមានពិការភាពដូចជាឯកសារដែលបោះពុម្ពជាអក្សរធំ ឬអូឌីយ៉ូផងដែរ។ សេវាកម្មទាំងនេះគឺឥតគិតថ្លៃ។

Hmong: DAIM NTAWV CEEB TOOM: Yog tias koj xav tau kev pab ua koj hom lus, hu rau 310-517-1010 los sis mus ntsib lub chaw hauj lwm Business Office tau, thaum 8:00 teev sawv ntxov-4:00 teev tsaus ntuj, hnuv Monday txog hnuv Friday, ntawm 3330 Lomita Boulevard, Torrance, CA 90505. Dhau ntawv lawm kuj tseem muaj kev pab cuam thiab cov cuab yeej pab rau cov neeg uas muaj kev xiam oob qhab, xws li cov ntawv luam ua tus ntawv loj los sis muaj kaw ua suab lus thiab. Cov kev pab cuam no yog pab dawb.

Hindi: ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, तो 310-517-1010 पर कॉल करें या Business Office कार्यालय, सुबह 8:00 बजे से शाम 4:00 बजे, सोमवार से शुक्रवार, 3330 Lomita Boulevard, Torrance, CA 90505 पर जाएँ। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे बड़े प्रिंट में दस्तावेज़ या ऑडियो भी उपलब्ध हैं। ये सेवाएँ मुफ़्त हैं।

Thai: ข้อควรทราบ: หากคุณต้องการความช่วยเหลือด้านภาษา โปรดโทร 310-517-1010 หรือไปที่สำนักงาน Business Office เวลา 8.00-16.00 น. วันจันทร์ถึงวันศุกร์ที่ 3330 Lomita Boulevard, Torrance, CA 90505 มีบริการช่วยเหลือและบริการสำหรับคนพิการ เช่น บริการเอกสารแบบพิมพ์ขนาดใหญ่หรือบริการเสียงก็มีให้เช่นกัน บริการเหล่านี้ไม่มีค่าใช้จ่าย

Attachment B
Description of Financial Assistance Discounts

Full Financial Assistance. If the patient is eligible for Full Financial Assistance and meets all other Financial Assistance Program qualification requirements, then the entire patient responsibility for services will be written off.

Partial Financial Assistance. If the patient's family income is between Two Hundred One Percent (201%) and Four Hundred Fifty Percent (450%) of the FPL, monetary assets are less than \$10,000, and the patient meets all other Financial Assistance Program qualification requirements, then the patient responsibility will be no more than what Medicare would typically pay. If the services provided are covered by a third-party payer and the payer paid more than what Medicare would have paid, then the patient's responsibility will be written off.

In either case, if a patient's responsibility is Ten Percent (10%) or more of the patient's family income for the previous twelve (12) months, then the patient's responsibility will be limited to Ten Percent (10%) of their family income for the preceding twelve (12) month period.

Attachment C
Description of Amounts Generally Billed

Amounts generally billed to patients receiving medically necessary care, who are at or below Four Hundred Fifty Percent (450%) of the FPL will not be more than what Medicare would typically pay. TMMC uses the look-back method to determine AGB to patients who are eligible for financial assistance under this Policy and expresses this amount as a percentage of billed charges. This percentage shall be updated at least annually and shall apply to all necessary hospital inpatient, outpatient and emergency services provided by TMMC. Currently, the rate is Twelve Percent (12%).

Effective Date: 01/01/2023

**Attachment D
Physician Providers at TMMC**

Medical Specialty	Covered Under FAP	NOT Covered Under FAP*
Anesthesiologists		X
Burn & Reconstructive Plastic Physicians	X	
Cardiologists		X
Cardiothoracic Surgeons	X	
Dentists		X
Dermatologists		X
Electrophysiologists/Interventional Cardiologists		X
Emergency Physicians	X	
Endocrinologists & Reproductive Endocrinologists		X
Gastroenterologists		X
General Practitioners, Family Practice & PCPs		X
Geriatrics		X
Gynecologic Oncologists		X
Hospitalists		X
Immunologist & Allergists		X
Infectious Disease		X
Internal Medicine		X
Intensivists		X
Neonatologists	X	
Neurologists & Neurosurgeons		X
OB/GYN & Laborists		X
Oncologists/Hematologists		X
Ophthalmologists		X
Orthopedists		X
Otolaryngologists		X
Pain Management		X
Palliative Care Physicians		X
Pathologists		X
Pediatric Sub Specialists - ALL Disciplines		X
Pediatrics		X
Perinatalogists		X
Physical Medicine & Rehab		X
Podiatrists		X
Psychiatrists		X
Psychologists		X
Pulmonologists		X
Radiation Oncologists	X	
Radiologists	X	
Rheumatologists		X
Surgeons (All Disciplines Specialties)		X
Urologists		X

*Note: Providers listed as "NOT Covered under FAP" may have their own financial assistance programs. Patients are encouraged to directly reach out to these providers to learn more about financial assistance.

Attachment E

Statement of Certification

This policy will be submitted to the Department of Health Care Access and Information ("HCAI"). Additionally, it will be made available on TMMC's website.

TMMC attests under penalty or perjury to the following:

1. The individual submitting the policy is duly authorized to submit policies on behalf of the organization.
2. This submitted policy is a true and correct copy of the Policy for which this certification is included.



William Larson
Senior Vice President and Chief Financial Officer

12-17-23

Date